



Veterans and Homelessness

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Summary

The current conflicts in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. The Department of Veterans Affairs (VA) estimates that it has served approximately 916 returning veterans in its homeless programs and has identified over 2,986 more as being at risk of homelessness. Both male and female veterans are overrepresented in the homeless population, and as the number of veterans increases due to the current wars, there is concern that the number of homeless veterans could rise commensurately. The current economic downturn also has raised concerns that homelessness could increase among all groups, including veterans.

Congress has created numerous programs that serve homeless veterans specifically, almost all of which are funded through the Veterans Health Administration. These programs provide health care and rehabilitation services for homeless veterans (the Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans programs), employment assistance (Homeless Veterans Reintegration Program and Compensated Work Therapy program), transitional housing (Grant and Per Diem and Loan Guarantee programs) as well as other supportive services. The VA also works with the Department of Housing and Urban Development (HUD) to provide permanent supportive housing to homeless veterans through the HUD-VA Supported Housing Program (HUD-VASH). In the HUD-VASH program, HUD funds rental assistance through Section 8 vouchers while the VA provides supportive services.

Several issues regarding veterans and homelessness have become prominent, in part because of the current conflicts. One issue is the need for permanent supportive housing for low-income and homeless veterans. In the FY2008 Consolidated Appropriations Act (P.L. 110-161), Congress included \$75 million for Section 8 vouchers for homeless veterans. On April 16, 2008, HUD announced the award of 10,150 vouchers to housing authorities in all 50 states, the District of Columbia, Puerto Rico, and Guam. The FY2009 Omnibus Appropriations Act (P.L. 111-8) appropriated \$75 million for additional HUD-VASH vouchers; these vouchers have not yet been distributed.

A second emerging issue is the concern that veterans returning from Iraq and Afghanistan who are at risk of homelessness may not receive the services they need. Efforts are being made to coordinate services between the VA and Department of Defense to ensure that those leaving military service transition to VA programs. Another emerging issue is the needs of female veterans, whose numbers are increasing. Women veterans face challenges that could contribute to their risks of homelessness. They are more likely to have experienced sexual abuse than women in the general population and are more likely than male veterans to be single parents. Few homeless programs for veterans have the facilities to provide separate accommodations for women and women with children.

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Introduction

The wars in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. Homeless veterans initially came to the country's attention in the 1970s and 1980s, when homelessness generally was becoming a more prevalent and noticeable phenomenon. The first section of this report defines the term "homeless veteran," discusses attempts to count homeless veterans, and presents the results of studies regarding the characteristics of homeless veterans.

At the same time that the number of homeless persons began to grow, it became clear through various analyses of homeless individuals that homeless veterans are overrepresented in the homeless population. The second section of this report summarizes the available research regarding the overrepresentation of both male and female veterans, who are present in greater percentages in the homeless population than their percentages in the general population. This section also reviews research regarding possible explanations for why homeless veterans are overrepresented.

In response to the issue of homelessness among veterans, the federal government has created numerous programs to fund services and transitional housing specifically for homeless veterans. The third section of this report discusses eight of these programs. The majority of programs are funded through the Department of Veterans Affairs (VA). Within the VA, the Veterans Health Administration (VHA), which is responsible for the health care of veterans, operates all but one of the programs for homeless veterans. The Veterans Benefits Administration (VBA), which is responsible for compensation, pensions, educational assistance, home loan guarantees, and insurance, operates the other. In addition, the Department of Labor operates one program for homeless veterans.

Several issues regarding homelessness among veterans have become prominent since the beginning of the conflicts in Iraq and Afghanistan. The fourth section of this report discusses three of these emerging issues. The first is the need for permanent supportive housing for homeless and low-income veterans. A second issue is ensuring that an adequate transition process exists for returning veterans to assist them with issues that might put them at risk of homelessness. Third is the concern that adequate services might not exist to serve the needs of women veterans. This report will be updated when new statistical information becomes available and to reflect programmatic changes.

Overview of Veterans and Homelessness

Homelessness has always existed in the United States, but only in recent decades has the issue come to prominence. In the 1970s and 1980s, the number of homeless persons increased, as did their visibility. Experts cite various causes for the increase in homelessness. These include the demolition of single room occupancy dwellings in so-called "skid rows" where transient single men lived, the decreased availability of affordable housing generally, the reduced need for seasonal unskilled labor, the reduced likelihood that relatives will accommodate homeless family members, the decreased value of public benefits, and changed admissions standards at mental

hospitals.¹ The increased visibility of homeless persons was due, in part, to the decriminalization of actions such as public drunkenness, loitering, and vagrancy.²

Homelessness occurs among families with children and single individuals, in rural communities as well as large urban cities, and for varying periods of time. Depending on circumstances, periods of homelessness may vary from days to years. Researchers have created three categories of homelessness based on the amount of time that individuals are homeless.³ First, transitionally homeless people are those who have one short stay in a homeless shelter before returning to permanent housing. In the second category, those who are episodically homeless frequently move in and out of homelessness but do not remain homeless for long periods of time. Third, chronically homeless individuals are those who are homeless continuously for a period of one year or have at least four episodes of homelessness in three years. Chronically homeless individuals often suffer from mental illness and/or substance abuse disorders. Although veterans experience all types of homelessness, they are thought to be chronically homeless in higher numbers than nonveterans.⁴

Homeless veterans began to come to the attention of the public at the same time that homelessness generally was becoming more common. News accounts chronicled the plight of veterans who had served their country but were living (and dying) on the street.⁵ The commonly held notion that the military experience provides young people with job training, educational and other benefits, as well as the maturity needed for a productive life, conflicted with the presence of veterans among the homeless population.⁶

Definition of “Homeless Veteran”

Although the term “homeless veteran” might appear straightforward, it contains two layers of definition.⁷ First, the definition of “veteran” for purposes of Title 38 benefits (the Title of the United States Code that governs veterans benefits) is a person who “served in the active military, naval, or air service” and was not dishonorably discharged.⁸ In order to be a “veteran” who is eligible for benefits according to this definition, at least four criteria must be met. (For a detailed discussion of these criteria see CRS Report RL33113, *Veterans Affairs: Basic Eligibility for Disability Benefit Programs*, by Douglas Reid Weimer.)

¹ Peter H. Rossi, *Down and Out in America: The Origins of Homelessness* (Chicago: The University of Chicago Press, 1989), 181-194, 41. See, also, Martha Burt, *Over the Edge: The Growth of Homelessness in the 1980s* (New York: Russell Sage Foundation, 1992), 31-126.

² *Down and Out in America*, p. 34; *Over the Edge*, p. 123.

³ See Randall Kuhn and Dennis P. Culhane, “Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data,” *American Journal of Community Psychology* 26, no. 2 (April 1998): 210-212.

⁴ Martha R. Burt, Laudan Y. Aron et al., *Homelessness: Programs and the People They Serve, Technical Report*, Urban Institute, December 1999, p. 11-1, available at http://www.huduser.org/Publications/pdf/home_tech/tchap-11.pdf. Of homeless male veterans surveyed, 32% reported being homeless for 13 or more months, versus 17% of nonveteran homeless men.

⁵ Marjorie J. Robertson, “Homeless Veterans, An Emerging Problem?” in *The Homeless in Contemporary Society*, ed. Richard J. Bingham, Roy E. Green, and Sammis B. White (Newbury Park, CA: Sage Publications, 1987), 66.

⁶ *Ibid.*, pp. 64-65.

⁷ The United States Code defines the term as “a veteran who is homeless” as defined by the McKinney-Vento Homeless Assistance Act. 38 U.S.C. § 2002(1).

⁸ 12 U.S.C. § 101(2).

Second, veterans are considered homeless if they meet the definition of “homeless individual” established by the McKinney-Vento Homeless Assistance Act (P.L. 100-77).⁹ According to McKinney-Vento, a homeless individual is (1) an individual who lacks a fixed, regular, and adequate nighttime residence, and (2) a person who has a nighttime residence that is:

- a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- an institution that provides a temporary residence for individuals intended to be institutionalized; or
- a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.

Note that legislation was recently enacted that will change the definition of “homeless individual” under McKinney-Vento. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was enacted as part of the Helping Families Save Their Homes Act of 2009 (P.L. 111-22) on May 20, 2009. The changes in the HEARTH Act will take effect at the earlier of 18 months from the date of its enactment—on or about November 20, 2010—or three months from the date on which HUD publishes final regulations.

The HEARTH Act amends the current definition of homeless individual to include all those persons living in transitional housing, not just those residing in transitional housing for the mentally ill as in current law. The new law also includes in the definition persons living in hotels or motels paid for by a government entity. P.L. 111-22 also adds to the current definition those individuals and families who meet all of the following criteria:

- They will “imminently lose their housing,” whether it be their own housing, housing they are sharing with others, or a hotel or motel not paid for by a government entity. Imminent loss of housing would be evidenced by:
 - an eviction requiring an individual or family to leave their housing within 14 days;
 - a lack of resources that would allow an individual or family to remain in a hotel or motel for more than 14 days; or
 - credible evidence that an individual or family would not be able to stay with another homeowner or renter for more than 14 days.
- Have no subsequent residence identified.
- Lack the resources needed to obtain other permanent housing.

HUD practice prior to passage of the HEARTH Act was to consider those individuals and families who would imminently lose housing within seven days to be homeless.

Another change to the definition of homeless individual is that the HEARTH Act considers homeless anyone who is fleeing a situation of domestic violence or other life-threatening condition. In addition, P.L. 111-22 adds to the definition of homeless individual unaccompanied

⁹ The McKinney-Vento definition of homeless individual is codified at 42 U.S.C. § 11302(a).

youth and homeless families with children who are defined as homeless under other federal statutes¹⁰ and who (1) have experienced a long-term period without living independently in permanent housing; (2) have experienced instability as evidenced by frequent moves; and (3) can be expected to continue in unstable housing due to factors such as chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Estimates of the Number of Homeless Veterans

The exact number of homeless veterans is unknown, although attempts have been made to estimate their numbers. Since FY1998, the VA has released annual estimates of the number of veterans who are homeless. In addition, the Department of Housing and Urban Development (HUD) requires local jurisdictions called “Continuums of Care” (CoCs)¹¹ to conduct a count of sheltered and unsheltered homeless persons on one night during the last week of January every other year (though some CoCs conduct counts every year). As part of these counts, CoCs are to collect information about homeless individuals, including veteran status. However, CoCs are not always able to gather this information, and even when they do, according to HUD, the demographic information is less reliable than the estimates of the number of homeless individuals.¹² In addition to the CoC point-in-time counts, HUD is engaged in an ongoing process to count homeless persons, including homeless veterans, through its Homeless Management Information Systems (HMIS). CoCs collect and store information about homeless individuals they serve, and the information is aggregated in computer systems at the CoC level. Eventually the HMIS initiative is expected to produce an unduplicated count of homeless individuals as well as a summary of demographic information including veteran status.¹³

The Department of Veterans Affairs

In every year since FY1998, the VA has included estimates of the number of homeless veterans receiving services in its “Community Homelessness Assessment, Local Education and Networking Groups” (CHALENG) report to Congress.¹⁴ The estimates are made as part of the CHALENG process, through which representatives from each local VA medical center called “points of contact” (POCs) coordinate with service providers from state and local governments

¹⁰ For more information about the definition of homelessness under other federal programs, see CRS Report RL30442, *Homelessness: Targeted Federal Programs and Recent Legislation*, coordinated by Libby Perl.

¹¹ Continuums of Care are typically formed by cities, counties, or combinations of both. Representatives from local government agencies and service provider organizations serve on CoC boards, which conduct the business of the CoC. HUD first required these Continuums of Care to conduct counts of sheltered and unsheltered homeless persons in 2005.

¹² U.S. Department of Housing and Urban Development, Office of Community Planning and Development, *The Annual Homeless Assessment Report to Congress*, February 2007, p. 18, <http://www.huduser.org/Publications/pdf/ahar.pdf>.

¹³ For more information, see CRS Report RL33956, *Counting Homeless Persons: Homeless Management Information Systems*, by Libby Perl.

¹⁴ For the most recent CHALENG report, see John H. Kuhn and John Nakashima, The Fifteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination, U.S. Department of Veterans Affairs, March 11, 2009, http://www1.va.gov/homeless/docs/CHALENG_15th_Annual_CHALENG_Report_FY2008.pdf (hereinafter Fifteenth Annual CHALENG Report). Congress required the VA to issue the report as part of the Veterans Benefits Improvement Act of 1994, P.L. 103-446 (38 U.S.C. § 2065).

and nonprofit organizations as well as homeless or formerly homeless veterans themselves to determine the needs of homeless veterans and plan for how to best deliver services.

The ways in which POCs estimate the number of veterans who are homeless in their area vary, and most POCs use more than one source to arrive at their estimates. One of these sources is HUD point-in-time counts conducted by local communities on one day during the last week of January at least every other year. The most recent HUD count in which all CoCs participated took place in January 2009. Other sources of information on which POCs draw to arrive at their estimates are VA client data, information from local homeless services providers, U.S. Census data, VA low-income population estimates, local homeless census studies, and VA staff impressions.¹⁵

For the first six years in which the VA released CHALENG estimates (FY1998 through FY2003), the VA asked POCs to estimate the number of veterans who were homeless *at any time during the year*, so the estimate was meant to represent the total number of veterans who experience homelessness during the course of a year. However, starting in FY2004 and continuing through the most recent CHALENG report, the VA changed its methodology, and asked POCs from each medical center to provide estimates of the highest number of veterans who are homeless on *any given day during the year*. The new methodology is a point-in-time count and is meant to reflect the total number of veterans who might experience homelessness on a single day. The VA considers the estimates using the new methodology to be more reliable than earlier estimates.¹⁶ In FY2007 and FY2008, the VA more specifically asked POCs to estimate the number of veterans experiencing homelessness on one night during the same one-week period used in HUD point-in-time counts—the last week of January. In addition, POCs were to compare their estimates to the most recent HUD estimates; if there were “major differences” between the two estimates, the POCs were to provide an explanation of why this might be the case.¹⁷

From FY2004 through FY2006, the number of veterans estimated to be homeless using a point-in-time count hovered at just under 200,000. In FY2004 the estimate was 192,368; in FY2005, the estimate was 194,254; and in FY2006, the estimate rose slightly to 195,827.¹⁸ In FY2007, however, the estimate dropped to 153,584.¹⁹ The VA hypothesized that improved methodology, VA program interventions for homeless veterans, and the changing demographics of the veteran population could account for the reduction in the CHALENG estimate.²⁰ In FY2008, the estimate again dropped, this time to 131,230.²¹ POCs used the same system that had been used in FY2007—estimating the number of veterans who were homeless on a single night during the last week of January 2008, and comparing estimates to 2007 HUD point-in-time count results.²² The

¹⁵ Ibid., p. 19.

¹⁶ Government Accountability Office, *Homeless Veterans Programs: Improved Communications and Follow-up Could Further Enhance the Grant and Per Diem Program*, GAO-06-859, September 2006, p. 13, available at <http://www.gao.gov/new.items/d06859.pdf>.

¹⁷ John H. Kuhn and John Nakashima, *The Fourteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, U.S. Department of Veterans Affairs, February 28, 2008, p. 16 (hereafter *Fourteenth Annual CHALENG Report*).

¹⁸ Estimates provided by the VA Office of Homeless Veterans Programs.

¹⁹ *Fourteenth Annual CHALENG Report*, Appendix 5.

²⁰ Ibid., pp. 16-17.

²¹ *Fifteenth Annual CHALENG Report*, Appendix 5.

²² Ibid., pp. 18-19.

VA hypothesized that in addition to the three factors that could have led to a lower estimate in FY2007, another factor that could have led to the reduction in FY2008 was lower estimates from regions that were affected by Hurricane Katrina and have been recovering from the disaster (and presumably experiencing less homelessness).²³

The Department of Housing and Urban Development

HUD has released three Annual Homeless Assessment Reports (AHARs), in which it used HMIS data to estimate the number of individuals nationwide who were homeless during particular periods of time. The most recent AHAR was released in July 2008 and estimated the number of individuals who experienced homelessness at some point during a one-year period, from October 2006 through September 2007.²⁴ These estimates did not include homeless persons who were not residing in emergency shelters or transitional housing during the relevant time periods (i.e. those persons living on the street or similar place not meant for human habitation).

The three AHARs did not provide estimates of the *number* of homeless veterans, though they did provide estimates of the *percentage* of the adult homeless population who are veterans. There are limitations to these data, however. The third AHAR estimated that 13% of adults who were homeless during the one-year period from October 2006 to September 2007 were veterans (while 10% of the general population were veterans).²⁵ The second AHAR, which covered the six-month period from January 1 to June 30, 2006, estimated that 14.3% of the adult population were veterans (compared to 11.2% of the general population).²⁶ The first AHAR, which covered the three-month period from February 1 to April 30, 2005, estimated that 18.7% of the homeless population were veterans (compared to 12.6% of the general population).²⁷ In these first two counts, HUD acknowledged that many of the records submitted did not include information about veteran status.²⁸

Characteristics of Homeless Veterans

Homeless male veterans differ from homeless men who are nonveterans in a variety of ways. According to data from several studies during the 1980s, homeless male veterans were more likely to be older and better educated than the general population of homeless men.²⁹ However, they were found to have more health problems than nonveteran homeless men, including AIDS, cancer, and hypertension.³⁰ They also suffered from mental illness and alcohol abuse at higher rates than nonveterans. A study published in 2002 found similar results regarding age and

²³ Ibid., p. 20.

²⁴ U.S. Department of Housing and Urban Development, *The Third Annual Homeless Assessment Report to Congress*, July 2008, available at <http://www.hudhre.info/documents/3rdHomelessAssessmentReport.pdf>.

²⁵ Ibid., p. 26.

²⁶ U.S. Department of Housing and Urban Development, *The Second Annual Homeless Assessment Report to Congress*, March 2008, p. 23, available at <http://www.hudhre.info/documents/2ndHomelessAssessmentReport.pdf>.

²⁷ U.S. Department of Housing and Urban Development, *The Annual Homeless Assessment Report to Congress*, February 2007, p. 31, available at <http://www.huduser.org/Publications/pdf/ahar.pdf>.

²⁸ In the first AHAR, 35% of records were missing information on veteran status. In the second AHAR, 20% of records were missing this information. The third AHAR did not mention whether missing records was an issue.

²⁹ "Homeless Veterans," pp. 104-105.

³⁰ Ibid., p. 105.

education. Homeless male veterans tended to be older, on average, than nonveteran homeless men.³¹ Homeless veterans were also different in that they had reached higher levels of education than their nonveteran counterparts³² and were more likely to be working for pay. They were also more likely to have been homeless for more than one year, and more likely to be dependent on or abuse alcohol. Family backgrounds among homeless veterans tended to be more stable, with veterans experiencing less family instability³³ and fewer incidents of conduct disorder,³⁴ while also being less likely to have never married than nonveteran homeless men.

Homeless women veterans have also been found to have different characteristics than nonveteran homeless women. Based on data collected during the late 1990s, female veterans, like male veterans, were found to have reached higher levels of education than nonveteran homeless women, and also more likely to have been employed in the 30 days prior to being surveyed.³⁵ They also had more stable family backgrounds, and lower rates of conduct disorder as children.

Overrepresentation of Veterans in the Homeless Population

Research that has captured information about the entire national homeless population, including veteran status, is rare. Although HUD is engaged in ongoing efforts to collect information about homeless individuals, the most extensive information about homeless veterans specifically comes from earlier studies. Possibly the most comprehensive national data collection effort regarding persons experiencing homelessness took place in 1996 as part of the National Survey of Homeless Assistance Providers and Clients (NSHAPC), when researchers interviewed thousands of homeless assistance providers and homeless individuals across the country.³⁶ Prior to the NSHAPC, in 1987, researchers from the Urban Institute surveyed nearly 2,000 homeless individuals and clients in large cities nationwide as part of a national study.³⁷ The data from these two surveys serve as the basis for more in depth research regarding homeless veterans, described below. No matter the data source, however, research has found that veterans make up a greater percentage of the homeless population than their percentage in the general population.

Both male and female veterans are more likely to be homeless than their nonveteran counterparts.³⁸ This has not always been the case, however. Although veterans have always been

³¹ Richard Tessler, Robert Rosenheck, and Gail Gamache, "Comparison of Homeless Veterans with Other Homeless Men in a Large Clinical Outreach Program," *Psychiatric Quarterly* 73, no. 2 (Summer 2002): 113-114.

³² Veterans averaged 12.43 years of education completed, versus 11.21 for nonveterans.

³³ Family instability is measured by factors that include parental separation or divorce and time spent in foster care.

³⁴ Conduct disorder is measured by factors such as school suspensions, expulsions, drinking, using drugs, stealing, and fighting.

³⁵ Gail Gamache, Robert Rosenheck, and Richard Tessler, "Overrepresentation of Women Veterans Among Homeless Women," *American Journal of Public Health* 93, no. 7 (July 2003): 1133-1134 (hereafter "Overrepresentation of Women Veterans Among Homeless Women").

³⁶ Martha R. Burt, Laudan Y. Aron, et al., *Homelessness: Programs and the People They Serve: Findings of the National Survey of Homeless Assistance Providers and Clients, Technical Report*, December 1999, available at http://www.huduser.org/publications/homeless/homeless_tech.html.

³⁷ Martha R. Burt and Barbara E. Cohen, *America's Homeless: Numbers, Characteristics, and Programs that Serve Them* (Washington, DC: The Urban Institute Press, July 1989).

³⁸ See Gail Gamache, Robert Rosenheck, and Richard Tessler, "The Proportion of Veterans Among Homeless Men: A (continued...)

present among the homeless population, the birth cohorts that served in the military more recently, from the Vietnam³⁹ and post-Vietnam eras, have been found to be overrepresented. Veterans of World War II and Korea are less likely to be homeless than their nonveteran counterparts.⁴⁰ (The same cohort effect is not as evident for women who are veterans.) Four studies of homeless veterans, two of male veterans and two of female veterans, provide evidence of this overrepresentation and increased likelihood of experiencing homelessness.

Overrepresentation of Male Veterans

Two national studies—one published in 1994 using data from the 1987 Urban Institute survey (as well as data from surveys in Los Angeles, Baltimore, and Chicago), and the other published in 2001 using data from the 1996 NSHAPC—found that male veterans were overrepresented in the homeless population. In addition, researchers in both studies determined that the likelihood of homelessness depended on the ages of veterans.⁴¹ During both periods of time, the odds of a veteran being homeless was highest for veterans who had enlisted after the military transitioned to an all-volunteer force (AVF) in 1973. These veterans were age 20-34 at the time of the first study, and age 35-44 at the time of the second study.

In the first study, researchers found that 41% of adult homeless men were veterans, compared to just under 34% of adult males in the general population. Overall, male veterans were 1.4 times as likely to be homeless as nonveterans.⁴² Notably, though, those veterans who served after the Vietnam War were four times more likely to be homeless than nonveterans in the same age group.⁴³ Vietnam era veterans, who are often thought to be the most overrepresented group of homeless veterans, were barely more likely to be homeless than nonveterans (1.01 times). (See **Table 1** for a breakdown of the likelihood of homelessness based on age.)

In the second study, researchers found that nearly 33% of adult homeless men were veterans, compared to 28% of males in the general population. Once again, the likelihood of homelessness differed among age groups. Overall, male veterans were 1.25 times more likely to be homeless than nonveterans.⁴⁴ However, the same post-Vietnam birth cohort as that in the 1994 study was most at risk of homelessness; those veterans in the cohort were over three times as likely to be homeless as nonveterans in the same cohort. Younger veterans, those age 20-34 in 1996, were two times as likely to be homeless as nonveterans. And Vietnam era veterans were approximately 1.4 times as likely to be homeless as their nonveteran counterparts. (See **Table 1**)

(...continued)

Decade Later,” *Social Psychiatry and Psychiatric Epidemiology* 36, no. 10 (October 2001): 481 (hereafter “The Proportion of Homeless Veterans Among Men: A Decade Later”). “Overrepresentation of Women Veterans Among Homeless Women,” p. 1134.

³⁹ Generally, the Vietnam era is defined as the period from 1964 to 1975. 38 U.S.C. § 101(29)(B).

⁴⁰ Alvin S. Mares and Robert A. Rosenheck, “Perceived Relationship Between Military Service and Homelessness Among Homeless Veterans with Mental Illness,” *The Journal of Nervous and Mental Disease* 192, no. 10 (October 2004): 715.

⁴¹ See Robert Rosenheck, Linda Frisman, and An-Me Chung, “The Proportion of Veterans Among Homeless Men,” *American Journal of Public Health* 84, no. 3 (March 1994): 466 (hereafter “The Proportion of Homeless Veterans Among Men”); “The Proportion of Veterans Among Homeless Men: A Decade Later,” p. 481.

⁴² “The Proportion of Homeless Veterans Among Men,” p. 467.

⁴³ Ibid.

⁴⁴ “The Proportion of Homeless Veterans Among Men: A Decade Later,” p. 483.

Overrepresentation of Female Veterans

As with male veterans, research has shown that women veterans are more likely to be homeless than women who are not veterans. A study published in 2003 examined two data sources, one a survey of mentally ill homeless women, and the other the NSHAPC, and found that 4.4% and 3.1% of those homeless persons surveyed were female veterans, respectively (compared to approximately 1.3% of the general population).⁴⁵ Although the likelihood of homelessness was different for each of the two surveyed populations, the study estimated that female veterans were between two and four times as likely to be homeless as their nonveteran counterparts.⁴⁶ Unlike male veterans, all birth cohorts were more likely to be homeless than nonveterans. However, with the exception of women veterans age 35-55 (representing the post-Vietnam era), who were between approximately 3.5 and 4.0 times as likely to be homeless as nonveterans, cohort data were not consistent between the two surveys. (See **Table 1** for a breakdown of likelihood of homelessness by cohort.)

Table 1. Results from Four Studies: Veterans as a Percentage of the Homeless Population and Likelihood of Experiencing Homelessness

Veteran Group	Veterans as a Percentage of the General Population ^a	Veterans as a Percentage of the Homeless Population	Odds Ratio (Likelihood of Homelessness among Veterans vs. Nonveterans)
Men (data 1986-87) ^b	33.6	41.2	1.38
Age 20-34	10.0	30.6	3.95
Age 35-44	36.9	37.2	1.01
Age 45-54	44.8	58.7	1.75
Age 55-64	69.9	61.7	0.69
> Age 64	46.3	37.4	0.71
Men (data 1996) ^c	28.0	32.7	1.25
Age 20-34	7.7	14.5	2.04
Age 35-44	13.8	33.7	3.17
Age 45-54	38.4	46.5	1.39
Age 55-64	48.7	45.8	0.89 ^f
> Age 64	62.6	59.5	0.88 ^f
Women (data 1994-98) ^d	1.3	4.4	3.58
Age 20-34	—	—	3.61
Age 35-44	—	—	3.48
Age 45-54	—	—	4.42
Age 55 and Older	—	—	1.54 ^f
Women (data 1996) ^e	1.2	3.1	2.71

⁴⁵ “Overrepresentation of Women Veterans Among Homeless Women,” p. 1133.

⁴⁶ *Ibid.*, p. 1134.

Veteran Group	Veterans as a Percentage of the General Population ^a	Veterans as a Percentage of the Homeless Population	Odds Ratio (Likelihood of Homelessness among Veterans vs. Nonveterans)
Age 20-34	—	—	1.60 ^f
Age 35-44	—	—	3.98
Age 45-54	—	—	2.00 ^f
Age 55 and Older	—	—	4.40

Sources: Robert Rosenheck, Linda Frisman, and An-Me Chung, “The Proportion of Veterans Among Homeless Men,” *American Journal of Public Health* 84, no. 3 (March 1994): 466-469; Gail Gamache, Robert Rosenheck, and Richard Tessler, “The Proportion of Veterans Among Homeless Men: A Decade Later,” *Social Psychiatry and Psychiatric Epidemiology* 36, no. 10 (October 2001): 481-485; Gail Gamache, Robert Rosenheck, and Richard Tessler, “Overrepresentation of Women Veterans Among Homeless Women,” *American Journal of Public Health* 93, no. 7 (July 2003): 1132-1136.

- a. Data are from the Current Population Survey.
- b. Data are from the Urban Institute Study and three community surveys conducted between 1985 and 1987.
- c. Data are from the National Survey of Homeless Assistance Providers and Clients (NSHAPC).
- d. Data are from the Access to Community Care and Effective Services and Supports sample of women with mental illness.
- e. Data are from the NSHAPC.
- f. Not statistically significant.

Why Are Veterans Overrepresented in the Homeless Population?

As the number of homeless veterans has grown, researchers have attempted to explain why veterans are homeless in higher proportions than their numbers in the general population. Factors present both prior to military service, and those that developed during or after service, have been found to be associated with veterans’ homelessness.

Most of the evidence about factors associated with homelessness among veterans comes from The National Vietnam Veterans Readjustment Study (NVVRS) conducted from 1984 to 1988.⁴⁷ Researchers for the NVVRS surveyed 1,600 Vietnam theater veterans (those serving in Vietnam, Cambodia, or Laos) and 730 Vietnam era veterans (who did not serve in the theater) to determine their mental health status and their ability to readjust to civilian life. The NVVRS did not specifically analyze homelessness. However, a later study, published in 1994, used data from the NVVRS to examine homelessness specifically.⁴⁸ Findings from both studies are discussed below.

⁴⁷ The NVVRS was undertaken at the direction of Congress as part of P.L. 98-160, the Veterans Health Care Amendments of 1983.

⁴⁸ Robert Rosenheck and Alan Fontana, “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” *The American Journal of Psychiatry* 151, no. 3 (March 1994): 421-427 (hereafter “A Model of Homelessness Among Male Veterans of the Vietnam War Generation”).

Factors Present During and After Military Service

Although researchers have not found that military service alone is associated with homelessness,⁴⁹ it may be associated with other factors that contribute to homelessness. The NNVRS found an indirect connection between the stress that occurs as a result of deployment and exposure to combat, or “war-zone stress,” and homelessness. Vietnam theater and era veterans who experienced war-zone stress were found to have difficulty readjusting to civilian life, resulting in higher levels of problems that included social isolation, violent behavior, and, for white male veterans, homelessness.⁵⁰

The 1994 study of Vietnam era veterans (hereafter referred to as the Rosenheck/Fontana study) evaluated 18 variables that could be associated with homelessness. The study categorized each variable in one of four groups, according to when they occurred in the veteran’s life: pre-military, military, the one-year readjustment period, and the post-military period subsequent to readjustment.⁵¹ Variables from each time period were found to be associated with homelessness, although their effects varied. The two military factors—combat exposure and participation in atrocities—did not have a direct relationship to homelessness. However, those two factors did contribute to (1) low levels of social support upon returning home, (2) psychiatric disorders (not including Post Traumatic Stress Disorder (PTSD)), (3) substance abuse disorders, and (4) being unmarried (including separation and divorce). Each of these four post-military variables, in turn, contributed directly to homelessness.⁵² In fact, social isolation, measured by low levels of support in the first year after discharge from military service, together with the status of being unmarried, had the strongest association with homelessness of the 18 factors examined in the study.⁵³

Post-Traumatic Stress Disorder (PTSD)

Researchers have not found a direct relationship between PTSD and homelessness. The Rosenheck/Fontana study “found no unique association between combat-related PTSD and homelessness.”⁵⁴ An unrelated study determined that homeless combat veterans were no more likely to be diagnosed with PTSD than combat veterans who were not homeless.⁵⁵ However, the

⁴⁹ See, for example, Alvin S. Mares and Robert Rosenheck, “Perceived Relationship Between Military Service and Homelessness Among Homeless Veterans With Mental Illness,” *Journal of Nervous and Mental Disease* 192, no. 10 (October 2004): 715.

⁵⁰ Richard A. Kulka, John A. Fairbank, B. Kathleen Jordan, and Daniel S. Weiss, *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study* (Levittown, PA: Brunner/Mazel, 1990), 142.

⁵¹ The first category consisted of nine factors: year of birth, belonging to a racial or ethnic minority, childhood poverty, parental mental illness, experience of physical or sexual abuse prior to age 18, other trauma, treatment for mental illness before age 18, placement in foster care before age 16, and history of conduct disorder. The military category contained three factors: exposure to combat, participation in atrocities, and non-military trauma. The readjustment period consisted of two variables: accessibility to someone with whom to discuss personal matters and the availability of material and social support (together these two variables were termed low levels of social support). The final category contained four factors: Post Traumatic Stress Disorder (PTSD), psychiatric disorders not including PTSD, substance abuse, and unmarried status.

⁵² “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 424.

⁵³ Ibid., p. 425.

⁵⁴ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 425.

⁵⁵ Robert Rosenheck, Catherine A. Leda, Linda K. Frisman, Julie Lam, and An-Me Chung, “Homeless Veterans” in *Homelessness in America*, ed. Jim Baumohl (Phoenix, AZ: Oryx Press, 1996), 99 (hereafter “Homeless Veterans”).

NVVRS found that PTSD was significantly related to other psychiatric disorders, substance abuse, problems in interpersonal relationships, and unemployment.⁵⁶ These conditions can lead to readjustment difficulties and are considered risk factors for homelessness.⁵⁷

Factors that Pre-Date Military Service

According to research, factors that predate military service also play a role in homelessness among veterans. The Rosenheck/Fontana study found that three variables present in the lives of veterans before they joined the military had a significant direct relationship to homelessness. These were exposure to physical or sexual abuse prior to age 18; exposure to other traumatic experiences, such as experiencing a serious accident or natural disaster, or seeing someone killed; and placement in foster care prior to age 16.⁵⁸ The researchers also found that a history of conduct disorder had a substantial indirect effect on homelessness.⁵⁹ Conduct disorder includes behaviors such as being suspended or expelled from school, involvement with law enforcement, or having poor academic performance. Another pre-military variable that might contribute to homelessness among veterans is a lack of family support prior to enlistment.⁶⁰

The conditions present in the lives of veterans prior to military service, and the growth of homelessness among veterans, have been tied to the institution of the all volunteer force (AVF) in 1973. As discussed earlier in this report, the overrepresentation of veterans in the homeless population is most prevalent in the birth cohort that joined the military after the Vietnam War. It is possible that higher rates of homelessness among these veterans are due to “lowered recruitment standards during periods where military service was not held in high regard.”⁶¹ Individuals who joined the military during the time after the implementation of the AVF might have been more likely to have characteristics that are risk factors for homelessness.⁶²

Federal Programs that Serve Homeless Veterans

The federal response to the needs of homeless veterans, like the federal response to homelessness generally, began in the late 1980s. Congress, aware of the data showing that veterans were disproportionately represented among homeless persons,⁶³ began to hold hearings and enact legislation in the late 1980s. Among the programs enacted were Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, and the Homeless Veterans Reintegration Projects. Also around this time, the first (and only) national group dedicated to the cause of

⁵⁶ Robert Rosenheck, Catherine Leda, and Peggy Gallup, “Combat Stress, Psychosocial Adjustment, and Service Use Among Homeless Vietnam Veterans,” *Hospital and Community Psychiatry* 42, no. 2 (February 1992): 148.

⁵⁷ “Homeless Veterans,” p. 98.

⁵⁸ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 426.

⁵⁹ *Ibid.*

⁶⁰ Richard Tessler, Robert Rosenheck, and Gail Gamache, “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective,” *Armed Forces & Society* 29, no. 4 (Summer 2003): 511 (hereafter “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective”).

⁶¹ Testimony of Robert Rosenheck, M.D., Director of Northeast Program Evaluation Center, Department of Veterans Affairs, Senate Committee on Veterans’ Affairs, 103rd Cong., 2nd sess., February 23, 1994.

⁶² “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective,” p. 510.

⁶³ Senate Committee on Veterans Affairs, *Veterans’ Administration FY1988 Budget, the Vet Center Program, and Homeless Veterans Issues*, 100th Cong., 1st sess., S.Hrg. 100-350, February 18 & 19, 1987, p. 2-6.

homeless veterans, the National Coalition for Homeless Veterans, was founded by service providers that were concerned about the growing number of homeless veterans.

While homeless veterans are eligible for and receive services through programs that are not designed specifically for homeless veterans, the VA funds multiple programs to serve homeless veterans. The majority of homeless programs are run through the Veterans Health Administration (VHA), which administers health care programs for veterans.⁶⁴ The Veterans Benefits Administration (VBA), which is responsible for compensation and pensions,⁶⁵ education assistance,⁶⁶ home loan guarantees,⁶⁷ and insurance, operates one program for homeless veterans. In addition, the Department of Labor (DOL) is responsible for one program that provides employment services for homeless veterans. Eight of these programs are summarized in this section.

Table 2, below, shows historical funding levels for six of these eight programs.

Table 2. Funding for Selected Homeless Veterans Programs, FY1988 - FY2009
(dollars in thousands)

Fiscal Year	Obligations (VA Programs)					Budget Authority (DOL Program)
	Health Care for Homeless Veterans ^a	Domiciliary Care for Homeless Veterans	Compensated Work Therapy/ Therapeutic Residence	Grant and Per Diem Program	HUD-VA Supported Housing (Supportive Services)	
1988	12,932	15,000 ^b	NA	NA	NA	1,915
1989	13,252	10,367	NA	NA	NA	1,877
1990	15,000	15,000	NA	NA	NA	1,920
1991	15,461 ^c	15,750	— ^c	NA	NA	2,018
1992	16,500 ^c	16,500	— ^c	NA	2,300	1,366
1993	22,150	22,300	400	NA	2,000	5,055
1994	24,513	27,140	3,051	8,000	3,235	5,055
1995	38,585 ^d	38,948	3,387	— ^d	4,270	107 ^e
1996	38,433 ^d	41,117	3,886	— ^d	4,829	0
1997	38,063 ^d	37,214	3,628	— ^d	4,958	0

⁶⁴ For more information about the VHA, see CRS Report RL33993, *Veterans' Health Care Issues*, by Sidath Viranga Panangala.

⁶⁵ For more information about veterans benefits, see CRS Report RL33985, *Veterans' Benefits: Issues in the 110th Congress*, coordinated by Carol D. Davis.

⁶⁶ For more information about educational assistance, see CRS Report RL34549, *A Brief History of Veterans' Education Benefits and Their Value*, by David P. Smole and Shannon S. Loane.

⁶⁷ For more information about VA home loan guarantees, see CRS Report RS20533, *VA-Home Loan Guaranty Program: An Overview*, by Bruce E. Foote.

Fiscal Year	Obligations (VA Programs)					Budget Authority (DOL Program)
	Health Care for Homeless Veterans ^a	Domiciliary Care for Homeless Veterans	Compensated Work Therapy/Therapeutic Residence	Grant and Per Diem Program	HUD-VA Supported Housing (Supportive Services)	Homeless Veterans Reintegration Program
1998	36,407	38,489	8,612	5,886	5,084	3,000
1999	32,421	39,955	4,092	20,000	5,223	3,000
2000	38,381	34,434	8,068	19,640	5,137	9,636
2001	58,602	34,576	8,144	31,100	5,219	17,500
2002	54,135	45,443	8,028	22,431	4,729	18,250
2003	45,188	49,213	8,371	43,388	4,603	18,131
2004	42,905	51,829	10,240	62,965	3,375	18,888
2005	40,357	57,555	10,004	62,180	3,243	20,832
2006	56,998	63,592	19,529	63,621	5,297	21,780
2007	71,925	77,633	21,514	81,187	7,487	21,809
2008	77,656	96,098	21,497	114,696	4,854	23,620
2009 ^f	80,219	98,789	22,206	130,000	54,128	26,330

Sources: Department of Veterans Affairs Budget Justifications, FY1989-FY2010, VA Office of Homeless Veterans Programs, Department of Labor Budget Justifications FY1989-FY2010, the FY2008 Consolidated Appropriations Act (P.L. 110-161), and the FY2009 Omnibus Appropriations Act (P.L. 111-8).

- a. Health Care for Homeless Veterans was originally called the Homeless Chronically Mentally Ill veterans program. In 1992, the VA began to use the title "Health Care for Homeless Veterans."
- b. Congress appropriated funds for the DCHV program for both FY1987 and FY1988 (P.L. 100-71), however, the VA obligated the entire amount in FY1988. See VA Budget Summary for FY1989, Volume 2, Medical Benefits, p. 6-10.
- c. For FY1991 and FY1992, funds from the Homeless Chronically Mentally Ill veterans program as well as substance abuse enhancement funds were used for the Compensated Work Therapy/Therapeutic Residence program.
- d. For FY1995 through FY1997, Grant and Per Diem funds were obligated with funds for the Health Care for Homeless Veterans program. VA budget documents do not provide a separate breakdown of Grant and Per Diem Obligations.
- e. Congress appropriated \$5.011 million for HVRP in P.L. 103-333. However, a subsequent rescission in P.L. 104-19 reduced the amount.
- f. The obligation amounts for FY2009 are estimates.

Funding for the HUD-VASH Program

HUD has funded Section 8 vouchers for homeless veterans since FY1992, but after the initial appropriation for the vouchers, HUD does not separately report the amount of funds necessary to provide rental assistance for each of the vouchers in subsequent years. Unlike programs included in **Table 2**, then, it is not possible to provide annual budget

authority or obligations for HUD-VASH. However, information regarding the initial budget authority needed to support the vouchers is available as follows:⁶⁸

- In FY1992, \$17.9 million was made available to fund approximately 750 vouchers per year for five years;
- In FY1993, \$19.1 million was made available to fund approximately 750 vouchers per year for five years;
- In FY1994, \$18.4 million was made available to fund approximately 700 vouchers per year for five years;
- In FY2008, \$75 million was appropriated to fund 10,150 vouchers for one year; and
- In FY2009, \$75 million was appropriated to fund approximately 10,000 vouchers for one year.

For more information about HUD-VASH vouchers, see the section of this report entitled “HUD-VASH.”

The Department of Veterans Affairs

The majority of programs that serve homeless veterans are part of the Veterans Health Administration (VHA), one of the three major organizations within the VA (the other two are the Veterans Benefits Administration (VBA) and the National Cemetery Administration).⁶⁹ The VHA operates hospitals and outpatient clinics across the country through 21 Veterans Integrated Service Networks (VISNs). Each VISN oversees between five and eleven VA hospitals as well as outpatient clinics, nursing homes, and domiciliary care facilities. In all, there are 157 VA hospitals, 750 outpatient clinics, 134 nursing homes, and 42 domiciliary care facilities across the country. Many services for homeless veterans are provided in these facilities. In addition, the VBA has made efforts to coordinate with the VHA regarding homeless veterans by placing Homeless Veteran Outreach Coordinators (HVOCS) in its offices in order to assist homeless veterans in their applications for benefits.

Health Care for Homeless Veterans

The first federal program to specifically address the needs of homeless veterans, Health Care for Homeless Veterans (HCHV), was initially called the Homeless Chronically Mentally Ill veterans program.⁷⁰ The program was created as part of an emergency appropriations act for FY1987 (P.L. 100-6) in which Congress allocated \$5 million to the VA to provide medical and psychiatric care in community-based facilities to homeless veterans suffering from mental illness.⁷¹ Through the HCHV program, VA medical center staff conduct outreach to homeless veterans, provide care and treatment for medical, psychiatric, and substance abuse disorders, and refer veterans to other

⁶⁸ Sources of funding levels are Department of Housing and Urban Development Notices of Funding Availability from FY1992-FY1994, the FY2008 Consolidated Appropriations Act (P.L. 110-161), and the FY2009 Omnibus Appropriations Act (P.L. 111-8).

⁶⁹ For more information about the organization of the VA, see U.S. Department of Veterans Affairs, *Organizational Briefing Book*, May 2007, available at <http://www.va.gov/ofcadmin/ViewPDF.asp?fType=1>.

⁷⁰ In 1992, the VA began to refer to the program by its new name. VA FY1994 Budget Summary, Volume 2, Medical Benefits, p. 2-63.

⁷¹ Shortly after the HCHV program was enacted in P.L. 100-6, Congress passed another law (P.L. 100-322) that repealed the authority in P.L. 100-6 and established the HCHV program as a pilot program. The program was then made permanent in the Veterans Benefits Act of 1997 (P.L. 105-114). The HCHV program is now codified at 38 U.S.C. §§ 2031-2034.

needed supportive services.⁷² Although P.L. 100-6 provided priority for veterans whose illnesses were service-connected, veterans with non-service-connected disabilities were also made eligible for the program. Within two months of the program's enactment, 43 VA Medical Centers had initiated programs to find and assist mentally ill homeless veterans.⁷³ Currently, 132 VA sites have implemented HCHV programs.⁷⁴ The HCHV program is currently authorized through December 31, 2011.⁷⁵

Program Data

The HCHV program itself does not provide housing for veterans who receive services. However, the VA was initially authorized to enter into contracts with non-VA service providers to place veterans in residential treatment facilities so that they would have a place to stay while receiving treatment. In FY2003, the VA shifted funding from contracts with residential treatment facilities to the VA Grant and Per Diem program (described later in this report).⁷⁶ Local funding for residential treatment facilities continues to be provided by some VA medical center locations, however. According to data from the VA, 1,529 veterans stayed in residential treatment facilities in FY2007, with an average stay of about 61 days.⁷⁷ The HCHV program treated approximately 65,802 veterans in that same year.⁷⁸

Domiciliary Care for Homeless Veterans

Domiciliary care consists of rehabilitative services for physically and mentally ill or aged veterans who need assistance, but are not in need of the level of care offered by hospitals and nursing homes. Congress first provided funds for the Domiciliary Care program for *homeless* veterans in 1987 through a supplemental appropriations act (P.L. 100-71). Prior to enactment of P.L. 100-71, domiciliary care for veterans generally (now often referred to as Residential Rehabilitation and Treatment programs) had existed since the 1860s. The program for homeless veterans was implemented to reduce the use of more expensive inpatient treatment, improve health status, and reduce the likelihood of homelessness through employment and other assistance. Congress has appropriated funds for the DCHV program since its inception.

⁷² 38 U.S.C. § 2031, § 2034.

⁷³ Veterans Administration, Report to Congress of member agencies of the Interagency Council on Homelessness pursuant to Section 203(c)(1) of P.L. 100-77, October 15, 1987.

⁷⁴ Wesley J. Kasprow, Robert A. Rosenheck, Diane DiLello, Leslie Cavallaro, and Nicole Harelak, *Healthcare for Homeless Veterans Programs: Twenty-First Annual Report*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 17, 2008, Executive Summary, p. i (hereafter *Healthcare for Homeless Veterans Programs: Twenty-First Annual Report*).

⁷⁵ The program was most recently authorized in the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461).

⁷⁶ FY2004 VA Budget Justifications, p. 2-163.

⁷⁷ *Healthcare for Homeless Veterans Programs: Twenty-First Annual Report*, p. 119.

⁷⁸ *Ibid.*, p. 25.

Program Data

The DCHV program operates at 38 VA medical centers and has 1,950 beds available.⁷⁹ In FY2007, the number of veterans completing treatment was 5,905.⁸⁰ Of those admitted to DCHV programs, 92.6% were diagnosed with a substance abuse disorder, nearly two-thirds (62.9%) were diagnosed with serious mental illness, and 57.0% had both diagnoses.⁸¹ The average length of stay for veterans in FY2007 was 105 days, in which they received medical, psychiatric and substance abuse treatment, as well as vocational rehabilitation.

Compensated Work Therapy/Therapeutic Residence Program

The Compensated Work Therapy (CWT) Program has existed at the VA in some form since the 1930s.⁸² The program was authorized in P.L. 87-574 as “Therapeutic and Rehabilitative Activities,” and was substantially amended in P.L. 94-581, an act that amended various aspects of veteran health care programs.⁸³ The CWT program is permanently authorized through the VA’s Special Therapeutic and Rehabilitation Activities Fund.⁸⁴

The goal of the CWT program is to give veterans with disabilities work experience and skills so that they may re-enter the workforce and maintain employment on their own. The VA either employs veterans directly (in FY2007, 52.3% of veterans in the CWT program worked for the VA⁸⁵), finds work for veterans at other federal agencies, or enters into contracts with private companies or nonprofit organizations that then provide veterans with work opportunities. Veterans must be paid wages commensurate with those wages in the community for similar work, and through the experience the goal is that participants will improve their chances of living independently and reaching self sufficiency. In 2003, the Veterans Health Care, Capital Asset, and Business Improvement Act (P.L. 108-170) added work skills training, employment support services, and job development and placement services to the activities authorized by the CWT program.

In 1991, as part of P.L. 102-54, the Veterans Housing, Memorial Affairs, and Technical Amendments Act, Congress added the Therapeutic Transitional Housing component to the CWT program. The housing component is authorized through December 31, 2011.⁸⁶ The purpose of the program is to provide housing to participants in the CWT program who have mental illnesses or

⁷⁹ Sandra G. Resnick, Robert Rosenheck, Sharon Medak, and Linda Corwel, *Nineteenth Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2007*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 28 2008, p. 1.

⁸⁰ Ibid., p. 9-10.

⁸¹ Ibid., p. 10.

⁸² Senate Veterans Affairs Committee, report to accompany S. 2908, 94th Cong., 2nd sess., S.Rept. 94-1206, September 9, 1976.

⁸³ The CWT program is codified at 38 U.S.C. § 1718.

⁸⁴ 38 U.S.C. § 1718(c).

⁸⁵ Sandra D. Resnick, Richard Kaczynski, Debbie Sieffert, Rick Baldino, Sharon Medak, and Robert Rosenheck, *Eleventh Progress Report on the Compensated Work Therapy (CWT) Program, Fiscal Year 2007*, Department of Veterans Affairs Northeast Program Evaluation Center, p. 9 (hereafter *Eleventh Progress Report on the Compensated Work Therapy (CWT) Program*).

⁸⁶ The program was authorized as part of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461). See 38 U.S.C. § 2031.

chronic substance abuse disorders and who are homeless or at risk of homelessness.⁸⁷ Although the law initially provided that both the VA itself or private nonprofit organizations, through contracts with the VA, could operate housing, the law was subsequently changed so that only the VA now owns and operates housing.⁸⁸ The housing is transitional—up to 12 months—and veterans who reside there receive supportive services. As of FY2007, the VA operated 43 transitional housing facilities with 637 beds.⁸⁹

Program Data

In FY2007, 10,970 veterans participated in the CWT program, about half of whom (49.3%) were considered to have successfully completed the program through a planned discharge.⁹⁰ Approximately 34.3% of veterans had found full- or part-time competitive employment; 9.3% were to be involved in activities including training, volunteering, interning, or continuing in VA-supported work; 13.9% retired or were considered disabled; and 37.5% were unemployed.⁹¹ Similar to those veterans who enter into the VA's Domiciliary Care program, large percentages of veterans engaged in the CWT program suffer from mental illness and substance abuse issues. Of those admitted to the CWT program, 75.5% of veterans had a substance abuse problem, 64.8% had serious mental illness, and 45.4% were dually diagnosed (i.e. had both a substance abuse issue and mental illness).⁹²

Grant and Per Diem Program

Initially called the Comprehensive Service Programs, the Grant and Per Diem program was introduced as a pilot program in 1992 through the Homeless Veterans Comprehensive Services Act (P.L. 102-590). The law establishing the Grant and Per Diem program, which was made permanent in the Homeless Veterans Comprehensive Services Act of 2001 (P.L. 107-95), authorizes the VA to make grants to public entities or private nonprofit organizations to provide services and transitional housing to homeless veterans.⁹³ The Grant and Per Diem program is permanently authorized at \$150 million (P.L. 110-387).

The program has two parts: grant and per diem. Eligible grant recipients may apply for funding for one or both parts. The grants portion provides capital grants to purchase, rehabilitate, or convert facilities so that they are suitable for use as either service centers or transitional housing facilities. The capital grants will fund up to 65% of the costs of acquisition, expansion or remodeling of facilities.⁹⁴ Grants may also be used to procure vans for outreach and transportation of homeless veterans. The per diem portion of the program reimburses grant recipients for the costs of providing housing and supportive services to homeless veterans. The supportive services

⁸⁷ The VA's authority to operate therapeutic housing is codified at 38 U.S.C. § 2032.

⁸⁸ The provision for nonprofits was in P.L. 102-54, but was repealed by P.L. 105-114, Section 1720A(c)(1).

⁸⁹ Catherine Leda Seibyl, Sharon Medak, and Linda Baldino, et al., *Compensated Work Therapy/Therapeutic Residence Program Data Tables for FY2007 (Draft)*, Department of Veterans Affairs, Northeast Program Evaluation Center, June 20, 2008, p. 2.

⁹⁰ *Eleventh Progress Report on the Compensated Work Therapy (CWT) Program*, pp. 8-9.

⁹¹ *Ibid.*, p. 10.

⁹² *Ibid.*, p. 9.

⁹³ The Grant and Per Diem program is codified at 38 U.S.C. §§ 2011-2013.

⁹⁴ 38 U.S.C. § 2011(c).

that grantees may provide include outreach activities, food and nutrition services, health care, mental health services, substance abuse counseling, case management, child care, assistance in obtaining housing, employment counseling, job training and placement services, and transportation assistance.⁹⁵ Organizations may apply for per diem funds alone (without capital grant funds), as long as they would be eligible to apply for and receive capital grants.

Program Rules and Data

The per diem portion of the Grant and Per Diem program pays organizations for the housing that they provide to veterans at a fixed dollar rate for each bed that is occupied.⁹⁶ Organizations apply to be reimbursed for the cost of care provided, not to exceed the current per diem rate for domiciliary care. The per diem rate increases periodically; the 2009 rate is \$34.40 per day.⁹⁷ The per diem portion of the program also compensates grant recipients for the services they provide to veterans at service centers. Grantee organizations are paid at an hourly rate of one eighth of either the cost of services or the domiciliary care per diem rate, however organizations cannot be reimbursed for both housing and services provided to the same individual. Organizations are paid by the hour for each veteran served for up to eight hours per day. Any per diem payments are offset by other funds that the grant recipient receives. The Advisory Committee on Homeless Veterans has recommended that the per diem reimbursement system be revised to take account of service costs instead of using a capped rate, and to allow use of other funds (such as those authorized under the McKinney-Vento Homeless Assistance Grants) without offset.⁹⁸

According to VA data, in FY2007 the Grant and Per Diem program funded more than 300 service providers. These providers had a total of 8,833 beds available for veterans and admitted more than 15,408 veterans during the fiscal year.⁹⁹ Veterans stayed an average of 156 days in Grant and Per Diem transitional housing. The maximum amount of time a veteran may remain in housing is 24 months, with three total stays, though clients may stay longer “if permanent housing for the veteran has not been located or if the veteran requires additional time to prepare for independent living.”¹⁰⁰ Of all the veterans who received treatment through the program, 46% treatment episodes were considered successful, meaning that veterans “actively participated in accordance with treatment goals.”¹⁰¹ Of those discharged,¹⁰² 49.8% had their own apartment or room,¹⁰³ and 32.6% had full- or part-time employment.

⁹⁵ 38 CFR § 61.1.

⁹⁶ 38 CFR § 61.33.

⁹⁷ Information provided to CRS by the VA on February 2, 2009.

⁹⁸ *2008 Annual Report of the Advisory Committee on Homeless Veterans*, June 13, 2008, pp. 10-11, available at <http://www1.va.gov/advisory/docs/ReportHomeless2008Annual6-13-2008.pdf> (hereafter *2008 Advisory Committee on Homeless Veterans Report*).

⁹⁹ *Healthcare for Homeless Veterans Programs: Twenty-First Annual Report*, Table 5-1, p. 172.

¹⁰⁰ 38 C.F.R. § 61.80(d) and § 61.33(e).

¹⁰¹ *Healthcare for Homeless Veterans Programs: Twenty-First Annual Report*, p. 158.

¹⁰² *Ibid.*, Table 5-13, p. 213.

¹⁰³ *Ibid.*, Table 5-14, p. 217.

Grant and Per Diem for Homeless Veterans with Special Needs

In 2001, Congress created a demonstration program to target grant and per diem funds to specific groups of veterans (P.L. 107-95). These groups include women, women with children, the frail elderly, those veterans with terminal illnesses, and those with chronic mental illnesses. The program was initially authorized at \$5 million per year for FY2003 through FY2005. P.L. 109-461, enacted on December 22, 2006, reauthorized the program for FY2007 through FY2011 at \$7 million per year.

HUD-VASH

Beginning in 1992, through a collaboration between HUD and the VA, funding for approximately 1,753 Section 8 vouchers was made available for use by homeless veterans with severe psychiatric or substance abuse disorders.¹⁰⁴ Section 8 vouchers are subsidies used by families to rent apartments in the private rental market.¹⁰⁵ Through the program, called HUD-VA Supported Housing (HUD-VASH), local Public Housing Authorities (PHAs) administer the Section 8 vouchers while local VA medical centers provide case management and clinical services to participating veterans. HUD distributed the vouchers to PHAs through three competitions, in 1992, 1993, and 1994. Prior to issuing the vouchers, HUD and the VA had identified medical centers with Domiciliary Care and Health Care for Homeless Veterans programs that were best suited to providing services. PHAs within the geographic areas of the VA medical centers were invited to apply for vouchers. In the first year that HUD issued vouchers, 19 PHAs were eligible to apply, and by the third year the list of eligible VA medical centers and PHAs had expanded to 87.¹⁰⁶ HUD does not separately track these Section 8 vouchers, and over the years when veterans have left the program and returned their vouchers to HUD, the voucher is not necessarily turned over to another veteran. The VA keeps statistics on veterans with vouchers who receive treatment through the VA, however. In FY2007, 772 veterans with HUD-VASH vouchers were treated by VA staff through the Health Care for Homeless Veterans program during the course of the year.¹⁰⁷

In 2001, Congress codified the HUD-VASH program (P.L. 107-95) and authorized the creation of an additional 500 vouchers for each year from FY2003 through FY2006.¹⁰⁸ A bill enacted at the end of the 109th Congress (P.L. 109-461) also provided the authorization for additional HUD-VASH vouchers. However, not until FY2008 did Congress provide funding for additional vouchers: the Consolidated Appropriations Act (P.L. 110-161) included \$75 million for Section 8 vouchers for homeless veterans. On April 16, 2008, HUD announced the award of 10,150 vouchers to housing authorities in all 50 states, the District of Columbia, Puerto Rico, and Guam.¹⁰⁹ According to testimony from HUD Secretary Shaun Donovan before the Senate

¹⁰⁴ The first announcement of voucher availability was announced in the Federal Register. See U.S. Department of Housing and Urban Development, "Invitation for FY1992 Section 8 Rental Voucher Set-Aside for Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders," *Federal Register* vol. 57, no. 55, p. 9955, March 20, 1992.

¹⁰⁵ For more information about Section 8 in general, see CRS Report RL32284, *An Overview of the Section 8 Housing Programs*, by Maggie McCarty.

¹⁰⁶ U.S. Department of Housing and Urban Development, "Funding Availability (NOFA) for the Section 8 Set-Aside for Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders," *Federal Register* vol. 59, no. 134, p. 36015, July 14, 1994.

¹⁰⁷ *Healthcare for Homeless Veterans Programs: Twenty-First Annual Report*, Table 7-3, p. 274.

¹⁰⁸ 42 U.S.C. § 1437f(o)(19).

¹⁰⁹ For a list of housing authorities and the number of vouchers allocated to each, see <http://www.hud.gov/offices/pih/programs/hcv/vash/docs/vamc.pdf>.

Appropriations Subcommittee on June 11, 2009, approximately 40% of the vouchers financed in FY2008 had been leased up (i.e. were used by a formerly homeless veteran to secure housing). Congress appropriated another \$75 million for HUD-VASH vouchers in FY2009 as part of the Omnibus Appropriations Act (P.L. 111-8). After the most recently funded vouchers are released, there will be approximately 22,000 vouchers dedicated to use by homeless veterans.

Language in the FY2008 and FY2009 appropriations acts specified that the VA and HUD would determine the allocation of vouchers based on geographic need as determined by the VA, PHA administrative performance, and other factors that HUD and the VA may specify. In addition, the appropriations laws allow HUD to waive any statutory or regulatory provision regarding the vouchers¹¹⁰ if it is necessary for the “effective delivery and administration” of assistance. Pursuant to this provision, in FY2008 HUD waived the statutory requirement that vouchers be made available only to those veterans with mental illnesses and substance abuse disorders.¹¹¹

In the 111th Congress, the Homes for Heroes Act of 2009 (H.R. 403), which was passed by the House on June 16, 2009, would authorize funding sufficient for an additional 20,000 vouchers. For more information about H.R. 403, see CRS Report RL30442, *Homelessness: Targeted Federal Programs and Recent Legislation*, coordinated by Libby Perl.

Program Evaluations

Long-term evaluations of the HUD-VASH program have shown both improved housing and improved substance abuse outcomes among veterans who received the vouchers over those who did not.¹¹² Veterans who received vouchers experienced fewer days of homelessness and more days housed than veterans who received intensive case management assistance or standard care through VA homeless programs alone.¹¹³ Analysis also found that veterans with HUD-VASH vouchers had fewer days of alcohol use, fewer days on which they drank to intoxication, and fewer days of drug use.¹¹⁴ HUD-VASH veterans were also found to have spent fewer days in institutions.¹¹⁵

Loan Guarantee for Multifamily Transitional Housing Program

The Veterans Programs Enhancement Act of 1998 (P.L. 105-368) created a program in which the VA guarantees loans to eligible organizations so that they may construct, rehabilitate or acquire property to provide multifamily transitional housing for homeless veterans.¹¹⁶ Eligible project

¹¹⁰ With the exception of those involving fair housing, nondiscrimination, labor standards, and the environment.

¹¹¹ U.S. Department of Housing and Urban Development, “Section 8 Housing Choice Vouchers: Implementation of the HUD-VA Supportive Housing Program,” 73 *Federal Register* 25027, May 6, 2008.

¹¹² Robert Rosenheck, Wesley Kasprow, Linda Frisman, and Wen Liu-Mares, “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness,” *Archives of General Psychiatry* 60 (September 2003): 940 (hereafter “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness”). An-Lin Cheng, Haiqun Lin, Wesley Kasprow, and Robert Rosenheck, “Impact of Supported Housing on Clinical Outcomes,” *Journal of Nervous and Mental Disease* 195, no. 1 (January 2007): 83 (hereafter “Impact of Supported Housing on Clinical Outcomes”).

¹¹³ “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness,” p. 945.

¹¹⁴ “Impact of Supported Housing on Clinical Outcomes,” p. 85.

¹¹⁵ Ibid.

¹¹⁶ 38 U.S.C. §§ 2051-2054.

sponsors may be any legal entity that has experience in providing multifamily housing.¹¹⁷ The law requires sponsors to provide supportive services, ensure that residents seek to obtain and maintain employment, enact guidelines to require sobriety as a condition of residency, and charge veterans a reasonable fee.¹¹⁸ Veterans who are not homeless, and homeless individuals who are not veterans, may be occupants of the transitional housing if all of the transitional housing needs of homeless veterans in the project area have been met.¹¹⁹

Supportive services that project sponsors are to provide include outreach; food and nutritional counseling; health care, mental health services, and substance abuse counseling; child care; assistance in obtaining permanent housing; education, job training, and employment assistance; assistance in obtaining various types of benefits; and transportation.¹²⁰ Not more than 15 loans with an aggregate total of up to \$100 million may be guaranteed under this program. The VA has committed loans to two projects and released a notice of funding availability for additional applications.¹²¹ One project, sponsored by Catholic Charities of Chicago, opened in January 2007 with 141 transitional units for homeless veterans.¹²² A second project in San Diego is also expected to provide 144 transitional housing units.¹²³ According to the VA, the agency has been slow to implement the program due to service providers' concerns that they may not be able to operate housing for such a needy population and still repay the guaranteed loans.¹²⁴ In its 2008 report, the Advisory Committee on Homeless Veterans recommended that the program be terminated. In response, the VA stated that it had "reviewed the effectiveness of the [program's] approach and will report to the Committee at its next meeting regarding what if any changes may be made."¹²⁵

Acquired Property Sales for Homeless Veterans

The Acquired Property Sales for Homeless Veterans program is operated through the Veterans Benefits Administration (VBA). The program was enacted as part of the Veterans Home Loan Guarantee and Property Rehabilitation Act of 1987 (P.L. 100-198). The current version of the program was authorized in P.L. 102-54 (a bill to amend Title 38 of the U.S. Code), and is authorized through December 31, 2011.¹²⁶

¹¹⁷ U.S. Department of Veterans Affairs, *Multifamily Transitional Housing Loan Guarantee Program: Program Manual*, April 6, 2007, p. 9, available at http://www1.va.gov/homeless/docs/Loan_Guarantee_Program_Manual_4-6-07.pdf.

¹¹⁸ 38 U.S.C. § 2052(b).

¹¹⁹ *Ibid.*

¹²⁰ *Multifamily Transitional Housing Loan Guarantee Program: Program Manual*, p. 10.

¹²¹ The Notice of Funding Availability is available at *Federal Register* 71, no. 10, April 12, 2006, p. 18813.

¹²² See U.S. Department of Veterans Affairs, "Multifamily Transitional Housing Loan Guarantee Program: Program Overview," Presentation by Claude B. Hutchinson, Jr., July 2007, available at http://www1.va.gov/homeless/docs/Loan_Guarantee_Informational_Video_Slides.ppt.

¹²³ Statement of Pete Dougherty, Director, Homeless Veterans Programs, Senate Veterans Affairs Committee, *Looking At Our Homeless Veterans Programs: How Effective Are They?*, 109th Cong., 2nd sess., March 16, 2006.

¹²⁴ Testimony of Pete Dougherty, Director, Homeless Veterans Programs, Department of Veterans Affairs, House Appropriations Committee, Subcommittee on Military Construction and Veterans Affairs, *FY2008 Appropriations*, 110th Cong., 1st sess., March 8, 2007.

¹²⁵ *2008 Advisory Committee on Homeless Veterans Report*, p. 14.

¹²⁶ The program was most recently authorized in the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461). The program is codified at 38 U.S.C. § 2041.

Through the program, the VA is able to dispose of properties that it has acquired through foreclosures on its loans so that they can be used for the benefit of homeless veterans. Specifically, the VA can sell, lease, lease with the option to buy, or donate, properties to nonprofit organizations and state government agencies that will use the property only as homeless shelters primarily for veterans and their families. The VA estimates that over 200 properties have been sold through the program.¹²⁷

The Department of Labor

The Department of Labor (DOL) contains an office specifically dedicated to the employment needs of veterans, the office of Veterans' Employment and Training Service (VETS). In addition to its program for homeless veterans—the Homeless Veterans Reintegration Program (HVRP)—VETS funds employment training programs for all veterans. These include the Veterans Workforce Investment Program and the Transition Assistance Program.

Homeless Veterans Reintegration Program

Established in 1987 as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77), the HVRP is authorized through FY2009 as part of the Veterans' Housing Opportunity and Benefits Improvement Act of 2006 (P.L. 109-233).¹²⁸ The program has two goals. The first is to assist veterans in achieving meaningful employment, and the second is to assist in the development of a service delivery system to address the problems facing homeless veterans. Eligible grantee organizations are state and local Workforce Investment Boards, local public agencies, and both for- and non-profit organizations.¹²⁹ Grantees receive funding for one year, with the possibility for two additional years of funding contingent on performance and fund availability.¹³⁰

HVRP grantee organizations provide services that include outreach, assistance in drafting a resume and preparing for interviews, job search assistance, subsidized trial employment, job training, and follow-up assistance after placement. Recipients of HVRP grants also provide supportive services not directly related to employment such as transportation, provision of assistance in finding housing, and referral for mental health treatment or substance abuse counseling. HVRP grantees often employ formerly homeless veterans to provide outreach to homeless veterans and to counsel them as they search for employment and stability. In fact, from the inception of the HVRP, it has been required that at least one employee of grantee organizations be a veteran who has experienced homelessness.¹³¹

¹²⁷ "VA Programs for Homeless Veterans."

¹²⁸ In the 111th Congress, the Homeless Veterans Reintegration Program (HVRP) Reauthorization Act (H.R. 1171), which was passed by the House on March 30, 2009, would extend the authorization for HVRP through FY2014.

¹²⁹ Veterans Employment and Training Service Program Year 2007 Solicitation for Grant Applications, *Federal Register* vol. 72, no. 71, April 13, 2007, p. 18682.

¹³⁰ *Ibid.*, p. 18679.

¹³¹ "Procedures for Preapplication for Funds; Stewart B. McKinney Homeless Assistance Act, FY1988" *Federal Register* vol. 53, no. 70, April 12, 1988, p. 12089.

Program Data

In program year (PY) 2007, HVRP grantees were expected to serve a total of 13,446 homeless veterans, of whom an estimated 9,061, or 67%, were expected to be placed in employment.¹³² The percentage of participants placed in employment has grown nearly every year since PY2000, when 52.8% of veterans participating in HVRP entered employment.¹³³ In PY2004, the most recent year for which more extensive data are available, of those who became employed, an estimated 64% were still employed after 90 days, and 58% after 180 days.¹³⁴ The average wage for participants had grown steadily from \$8.73 per hour in PY2000 to \$9.55 per hour in PY2004.

Stand Downs for Homeless Veterans

A battlefield stand down is the process in which troops are removed from danger and taken to a safe area to rest, eat, clean up, receive medical care, and generally recover from the stress and chaos of battle. Stand Downs for Homeless Veterans are modeled on the battlefield stand down and are local events, staged annually in many cities across the country, in which local Veterans Service Organizations, businesses, government entities, and other social service organizations come together for up to three days to provide similar services for homeless veterans. Items and services provided at stand downs include food, clothing, showers, haircuts, medical exams, dental care, immunizations, and, in some locations where stand downs take place for more than one day, shelter. Another important facet of stand downs, according to the National Coalition for Homeless Veterans, is the camaraderie that occurs when veterans spend time among other veterans.

Although stand downs are largely supported through donations of funds, goods, and volunteer time, the DOL VETS office allows HVRP grant recipient organizations to use up to \$8,000 of their grants to fund stand downs. The VETS program also awards up to \$8,000 to HVRP eligible organizations that have not received an HVRP grant. According to the most recent data available, \$271,338 was used to serve 8,418 veterans at stand downs in FY2006.¹³⁵

Incarcerated Veterans Transition Program Demonstration Grants

The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) instituted a demonstration program to provide job training and placement services to veterans leaving prison.¹³⁶ By 2005, the program awarded \$1.45 million in initial grants to seven recipients. DOL extended these seven grants through March 2006 with funding of \$1.6 million, and then again for an additional 15 months, though June 30, 2007, with \$2 million in funding.¹³⁷ The Department of Labor reported that these grant recipients enrolled 2,191 veterans in the transition program in

¹³² U.S. Department of Labor, Office of the Assistant Secretary for Veterans' Employment and Training, *FY2006 and FY2007 Annual Report to Congress*, May 21, 2008, p. 10, available at http://www.dol.gov/vetsmedia/FY2006-2007_Annual_Report_To_Congress.pdf (hereafter *Vets Employment and Training Service FY2006 and FY2007 Annual Report to Congress*).

¹³³ U.S. Department of Labor, Office of the Assistant Secretary for Veterans' Employment and Training, *FY2005 Annual Report to Congress*, March 23, 2007, p. 9, available at http://www.dol.gov/vets/media/fy2005_annual_report_to_congress.pdf.

¹³⁴ Ibid., p. 9.

¹³⁵ *Vets Employment and Training Service FY2006 and FY2007 Annual Report to Congress*, p. 11.

¹³⁶ 38 U.S.C. § 2023.

¹³⁷ *Vets Employment and Training Service FY2006 and FY2007 Annual Report to Congress*, p. 12.

fiscal years 2004 through 2006 and that of these enrollees, 1,104, or 54%, entered employment.¹³⁸ The average wage for those veterans entering employment was \$10.00 per hour.

Authorization for the incarcerated veterans transition program expired on January 24, 2006 and no additional funding has been provided. However, on October 10, 2008, Congress extended the program through FY2012 as part of the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387). The new law removed the program's demonstration status, expanded the number of sites able to provide services to twelve, and changed the name slightly to "Referral and Counseling Services: Veterans at Risk of Homelessness Who Are Transitioning from Certain Institutions." The FY2010 Department of Labor budget documents state that of the funds the President requested for HVRP in FY2010, up to \$4 million would be used for this program.¹³⁹

Emerging Issues

Permanent Supportive Housing

With the exception of Section 8 vouchers provided through the HUD-VASH program, the federal programs for homeless veterans offer funding only for transitional housing developments; they do not fund permanent supportive housing. The permanent supportive housing model promotes stability by ensuring that residents receive services tailored to their particular needs, including health care, counseling, employment assistance, help with financial matters, and assistance with other daily activities that might present challenges to a formerly homeless individual.

Although veterans are eligible for permanent supportive housing through HUD programs for homeless persons, they are not prioritized above nonveteran homeless individuals. Some members of Congress, service providers, and the VA Advisory Committee on Homeless Veterans support the creation of permanent supportive housing dedicated to veterans.

In a report released in August 2007, the Government Accountability Office (GAO) found that low-income veteran renter households were less likely to receive HUD rental assistance than other low-income households.¹⁴⁰ GAO estimated that 11% of low-income veteran renter households received HUD rental assistance compared to 19% of low-income nonveteran renter households.¹⁴¹ Limited resources are available to house low-income families, and veterans must compete with other needy groups including elderly residents, persons with disabilities, and families with young children. Due to a lack of permanent housing options, when veterans complete programs that have transitional housing components, there is not always a place for them to go. Another concern is that, as Vietnam-era veterans age, there is a reduced chance that

¹³⁸ Ibid., 13.

¹³⁹ U.S. Department of Labor, *FY2010 Congressional Budget Justification*, Volume III, Veterans' Employment and Training Service, p. VETS-26, <http://www.dol.gov/dol/budget/2010/PDF/CBJ-2010-V3-06.pdf>.

¹⁴⁰ Government Accountability Office, *Information on Low-Income Veterans' Housing Needs Conditions and Participation in HUD's Programs*, GAO-07-1012, August 17, 2007, p. 29, available at <http://www.gao.gov/new.items/d071012.pdf>.

¹⁴¹ Ibid.

they will be able to find employment and support themselves. Permanent supportive housing would serve that population.¹⁴²

As discussed previously, in the section entitled “HUD-VASH,” Congress appropriated \$75 million for more than 10,000 additional Section 8 vouchers for homeless veterans in the FY2008 Consolidated Appropriations Act (P.L. 110-161) and another \$75 million in the FY2009 Omnibus Appropriations Act (P.L. 111-8). The additional Section 8 vouchers could be making a difference in the need for permanent supportive housing for homeless veterans. The VA’s annual CHALENG report surveys homeless veterans as well as government and community service providers about the most pressing unmet needs among homeless veterans. Through FY2006, the highest priority unmet need according to the CHALENG reports was long-term permanent housing.¹⁴³ However, in the FY2007 report, permanent housing was the second-highest unmet need, behind child care.¹⁴⁴ And in FY2008, it fell to the fourth highest unmet need, behind child care, legal assistance for child support issues, and family reconciliation assistance.¹⁴⁵

Veterans of the Wars in Iraq and Afghanistan

As veterans return from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), just as veterans before them, they face risks that could lead to homelessness. To date, approximately 916 OEF/OIF veterans have used VA services for homeless veterans, and the VA has classified 2,986 as being at risk of homelessness.¹⁴⁶ Approximately 908,690 OEF/OIF troops have been separated from active duty since 2002.¹⁴⁷ If the experiences of the Vietnam War are any indication, the risk of becoming homeless continues for many years after service. After the Vietnam War, 76% of Vietnam era combat troops and 50% of non-combat troops who eventually became homeless reported that at least ten years passed between the time they left military service and when they became homeless.¹⁴⁸

A number of studies have examined the mental health status of troops returning from Iraq and Afghanistan. According to one study of troops returning from Iraq published in the *New England Journal of Medicine*, between 15% and 17% screened positive for depression, generalized anxiety, and PTSD.¹⁴⁹ Another study, conducted by the RAND Corporation, found that of veterans surveyed, 14% reported screening positive for PTSD and 14% for major depression.¹⁵⁰

¹⁴² Testimony of Cheryl Beversdorf, Director, National Coalition for Homeless Veterans, before the House Appropriations Committee, Subcommittee on Military Construction and Veterans Affairs, *FY2008 Appropriations*, 110th Cong., 1st sess., March 8, 2007.

¹⁴³ *The Fifteenth Annual CHALENG Report*, p. 14.

¹⁴⁴ *The Fourteenth Annual CHALENG Report*, p. 8.

¹⁴⁵ *The Fifteenth Annual CHALENG Report*, p. 10.

¹⁴⁶ These estimates were obtained through communications with the VA in January 2009.

¹⁴⁷ Since October 2003, DOD’s Defense Manpower Data Center (DMDC) has periodically (every 60 days) sent VA an updated personnel roster of troops who participated in OEF and OIF, and who have separated from active duty and become eligible for VA benefits. The roster was originally prepared based on pay records of individuals. However, in more recent months it has been based on a combination of pay records and operational records provided by each service branch. The current separation data are from FY2002 through May 2008.

¹⁴⁸ See “Homeless Veterans,” p. 105.

¹⁴⁹ Charles W. Hoge, Carl A. Castro, Stephen C. Messer, and Dennis McGurk, “Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care,” *New England Journal of Medicine* 351, no. 1 (July 1, 2004): Table 3.

¹⁵⁰ Terri Tanielian and Lisa H. Jaycox, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Santa Monica, CA: RAND Corporation, 2008) 96.

Veterans returning from Iraq also appear to be seeking out mental health services at higher rates than veterans returning from other conflicts.¹⁵¹ Research has also found that the length and number of deployments of troops in Iraq result in greater risk of mental health problems.¹⁵² Access to VA health services could be a critical component of reintegration into the community for some veterans, and there is concern that returning veterans might not be aware of available VA health programs and services.¹⁵³

The VA has multiple means of reaching out to injured veterans and veterans currently receiving treatment through the Department of Defense (DOD) to ensure that they know about VA health services and to help them make the transition from DOD to VA services. (For more information about these efforts see CRS Report RL33993, *Veterans' Health Care Issues*, by Sidath Viranga Panangala.) However, for some veterans, health issues, particularly mental health issues, may arise later. A study of Iraq soldiers returning from deployment found that a higher percentage of soldiers reported mental health concerns six months after returning than immediately after returning.¹⁵⁴

Female Veterans

The number and percentage of women enlisted in the military have increased since previous wars. In FY2006, approximately 14.4% of enlisted troops in the active components of the military (Army, Navy, Air Force, and Marines) were female, up from approximately 3.3% in FY1974 and 10.9% in FY1990.¹⁵⁵ The number of women veterans can be expected to grow commensurately. According to the VA, there were approximately 1.2 million female veterans in 1990 (4% of the veteran population) and 1.6 million in 2000 (6%).¹⁵⁶ In 2006, nearly 1.64 million veterans were women.¹⁵⁷ The VA anticipates that there will be 1.8 million female veterans in 2010 (8% of the veteran population) and 1.9 million (10%) in 2020. At the same time, the number of male veterans is expected to decline.¹⁵⁸

¹⁵¹ Charles W. Hoge, Jennifer L. Auchterlonie, and Charles S. Milliken, "Mental Health Problems, Use of Mental Health Services, and Attrition from Military Service After Returning from Deployment to Iraq or Afghanistan," *JAMA* 295, no. 9 (March 1, 2006): 1026, 1029.

¹⁵² Office of the Surgeon Multi-National Force-Iraq and Office of the Surgeon General United States Army Command, *Mental Health Advisory Team V*, February 14, 2008, pp. 42-43, 46-47, available at http://www.armymedicine.army.mil/news/mhat/mhat_v/Redacted1-MHATV-OIF-4-FEB-2008Report.pdf.

¹⁵³ See, for example, Amy Fairweather, *Risk and Protective Factors for Homelessness Among OIF/OEF Veterans*, Swords to Plowshares' Iraq Veteran Project, December 7, 2006, p. 6.

¹⁵⁴ Charles S. Milliken, Jennifer L. Auchterlonie, and Charles W. Hoge, "Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning from the Iraq War," *JAMA* 298, no. 18 (November 14, 2007): 2141, 2144.

¹⁵⁵ U.S. Department of Defense, Office of the Under Secretary of Defense, Personnel and Readiness, *Population Representation in the Military Services, FY2006*, Appendix D, Table D-13, available at http://www.defenselink.mil/prhome/PopRep_FY06/.

¹⁵⁶ Robert A. Klein, *Women Veterans: Past, Present, and Future*, U.S. Department of Veterans Affairs, Office of the Actuary, updated September 2007, pp. 8-9, available at http://www1.va.gov/vetdata/docs/Womenveterans_past_present_future_9-30-07a.pdf.

¹⁵⁷ U.S. Census Bureau, *2009 Statistical Abstract*, Table 504, available at <http://www.census.gov/compendia/statab/tables/09s0504.pdf>.

¹⁵⁸ *Women Veterans: Past, Present, and Future*, pp. 8-9.

Women veterans face challenges that could contribute to their risks of homelessness. Experts have found that female veterans report incidents of sexual assault that exceed rates reported in the general population.¹⁵⁹ Preliminary results from a study conducted by the VA and released in 2008 estimate that 15% of OEF/OIF female veterans who used VA medical care reported experiencing sexual trauma while in the military.¹⁶⁰ According to another study released in 2004, the percentage of all female veterans seeking medical care through the VA (not just those returning from Iraq or Afghanistan) who reported that they have experienced sexual assault ranged between 23% and 29%.¹⁶¹ Female active duty soldiers have been found to suffer from PTSD at higher rates than male soldiers.¹⁶² Experience with sexual assault has been linked to PTSD, depression, alcohol and drug abuse, disrupted social networks, and employment difficulties.¹⁶³ These factors can increase the difficulty with which women veterans readjust to civilian life, and could be risk factors for homelessness (see earlier discussion in this report).

Women veterans are estimated to make up a relatively small proportion of the homeless veteran population. Among veterans who use VA's services for homeless veterans, women are estimated to make up just under 4% of the total.¹⁶⁴ As a result, programs serving homeless veterans may not have adequate facilities for female veterans at risk of homelessness, particularly transitional housing for women and women with children. At least eight Grant and Per Diem programs with 90 transitional beds for women veterans have been funded through the Special Needs Grant,¹⁶⁵ and in FY2007, 4% of individuals placed in Grant and Per Diem programs were women, about the same percentage as those seeking services through the VA's Healthcare for Homeless Veterans program.¹⁶⁶ The VA Advisory Committee on Homeless Veterans noted in its 2008 report that "the need and complexity of issues involving women veterans to include women with children who become homeless are increasing" and recommended continued support through the Grant and Per Diem Special Needs grants.¹⁶⁷

In the 110th Congress, the Veterans' Mental Health and Other Care Improvements Act of 2008 (110-387) added a provision to the statute governing the Domiciliary Care for Homeless Veterans program requiring the Secretary to "take appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and with respect to safety, to meet the needs of veterans who are women." In the 111th Congress, the Homeless Veterans Reintegration Program (HVRP) Reauthorization Act (H.R. 1171) would create an HVRP grant

¹⁵⁹ Jessica Wolfe et al., "Changing Demographic Characteristics of Women Veterans: Results from a National Sample," *Military Medicine* 165, no. 10 (October 2000): 800.

¹⁶⁰ Preliminary results were released at the American Public Health Association annual conference on October 28, 2008. See the press release at http://www.apha.org/about/news/pressreleases/2008/AM_presentation_military_sexual_trauma.htm.

¹⁶¹ Anne G. Sandler, Brenda M. Booth, Michelle A. Mengeling, and Bradley N. Doebling, "Life Span and Repeated Violence Against Women During Military Service: Effects on Health Status and Outpatient Utilization," *Journal of Women's Health* 13, no. 7 (2004): 800.

¹⁶² Laurel L. Hourani and Huixing Yuan, "The Mental Health Status of Women in the Navy and Marine Corps: Preliminary Findings from the Perceptions of Wellness and Readiness Assessment," *Military Medicine* 164, no. 3 (March 1999): 176.

¹⁶³ Maureen Murdoch et al., "Women and War: What Physicians Should Know," *Journal of General Internal Medicine* 21, no. s3 (March 2006): S7.

¹⁶⁴ *Healthcare for Homeless Veterans Programs: Twenty-First Annual Report*, p. 26.

¹⁶⁵ 2008 Advisory Committee on Homeless Veterans Report, p. 13.

¹⁶⁶ *Healthcare for Homeless Veterans Programs: Twenty-First Annual Report*, Table 5-3, p. 181.

¹⁶⁷ 2008 Advisory Committee on Homeless Veterans Report, pp. 12-13.

program specifically targeted to serve women veterans and veterans with children. The new program, like HVRP, would provide job training, counseling, and job placement services, but would also provide child care for participants. The House passed H.R. 1171 on March 30, 2009.

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